

**COMMODITY REQUEST FORM**  
**Return to: Office of Public Instruction**  
**School Nutrition Programs**  
**PO Box 202501**  
**Helena, MT 59620-2501**

**OFFICE USE ONLY**

DATE PROCESSED \_\_\_\_\_

APPROVED BY \_\_\_\_\_

SHIPMENT # \_\_\_\_\_

**School Name:** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Agreement**  
**Number:** \_\_\_\_\_

Please add the following to my next dry/frozen delivery.

**Circle one: DRY FROZEN**

<b>USDA FOOD</b>	<b>PACK SIZE</b>	<b>AVAILABLE</b>	<b>UNITS REQUESTED</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

For additional commodity foods, please fill out the above form and fax it to School Nutrition Programs (406) 444-2955. If the requested food is available and you have sufficient entitlement you will be notified of a delivery date. Please keep in mind that frozen product can only be shipped with a frozen load.

*We may adjust your request by taking into consideration your entitlement, usage, the length of time between shipments and the amount of the food we have received*

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